

# VA Health Services Research & Development State of the Art Conference on Opioid Safety

## Workgroup

### Long-term Opioid Therapy and Tapering

VA



U.S. Department of Veterans Affairs

Veterans Health Administration  
Health Services Research & Development Service



Effective Management of Pain and Addiction:  
Strategies to Improve Opioid Safety

A VA Health Services Research & Development Service  
State of the Art Conference

# Workgroup Members—Thank You!

## Work Group Facilitators

Joseph Frank, MD, MPH  
Friedhelm Sandbrink, MD  
Joanna Starrels, MD, MS

## Work Group Members

Melissa Christopher, PharmD  
Steve Dobscha, MD  
Mark Edlund, MD, PhD  
Gary Franklin, MD  
Keith Humphreys, PhD  
Terri Jorgenson, RPH, BCPS  
Stefan Kertesz, MD, MSc

## Work Group Recorders

Carol Sison, MPH  
Sarah Conroy

Erin Krebs, MD, MPH  
Jennifer Murphy, PhD  
Elizabeth Oliva, PhD  
Ilene Robeck, MD  
Mark Sullivan, MD, PhD  
David Thomas, PhD



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# Workgroup #2: Long-Term Opioid Therapy & Opioid Tapering

- Multidisciplinary group with expertise in Psychiatry, Psychology, Pharmacy, Neurology, Addiction Medicine, Pain Medicine, Internal Medicine
- Current state of VHA pain care:
  - Fear & mistrust are common
  - Disconnect between policy & practice
  - Multiple ongoing initiatives, some with unintended consequences
  - Multiple meanings of 'opioid tapering'

# Workgroup #2: Long-Term Opioid Therapy & Opioid Tapering

- Focus on distinct audiences for SOTA recommendations:
  - Veterans
  - Clinicians
  - Researchers
  - Operational partners
  - Funders



# SOTA Goal #1: Evidence Sufficient for Implementation

- Focus on actionable gaps between evidence, policy and current practice in VA
  - No need to emphasize all evidence-based chronic pain treatments
  - These treatments lack strong evidence related to tapering

# SOTA Goal #1: Evidence Sufficient for Implementation

1. Avoid initiation of long-term, high-dose opioid therapy for chronic pain
2. Recommend individualized assessment of risks & benefits and individualized implementation of opioid dose reduction
  - Recommend *against* tapering without assessment of or discussion with patient
  - Recommend *against* abrupt opioid tapering
3. Recommend ongoing assessment of OUD and referral/treatment in patients with OUD

# SOTA Goal #1: Evidence Sufficient for Implementation

4. Recommend system-wide access to team-based support for opioid tapering, including engagement with Patient Aligned Care Team resources
  - Team-based care may not be needed for all patients
5. Support programs that provide intensive, multidisciplinary treatment to support opioid dose reduction

# SOTA Goal #1: Dissemination strategies

- A single, consistent, clear message from National Pain Management Program to all stakeholders
  - Veterans & families
  - Clinicians
  - Leadership
- Communication:
  - VA National Pain Management website
  - Letters to Veterans
  - Emails to clinicians



# SOTA Goal #2: Research Agenda

- Brainstorming to identify full range of research questions/issues
- Focused discussion to prioritize top 5 (or 8) questions
- Expansion of individual questions
- Discussion of methodologic issues (i.e., study design, data quality)

# What are the benefits and harms of opioid dose reduction and discontinuation?

- Benefits:
  - Pain severity
  - Pain-related function
  - Quality of life
  - Patient satisfaction
- Harms:
  - Overdose
  - Mortality
  - Depression, anxiety
  - Suicidality
- Substance use
- Protracted withdrawal symptoms
- Other:
  - Healthcare utilization
  - Retention in primary care

# What are the benefits and harms of opioid dose reduction and discontinuation?

- Other issues:
  - Likely require observational designs and recruitment to tapering studies is increasingly challenging
  - Patient-reported outcome data is critical
  - Include long-term follow up after tapering and incorporate non-VA data
  - Include patient, system and other contextual factors

# What are strategies for safe, effective opioid tapering?

- Multiple potential strategies that require further study
  - Evidence-based for chronic pain care
  - Evidence-based for other chronic disease management

# What are strategies for safe, effective opioid tapering?

- Team-based care
- Mental Health integration
- Telehealth
- Peer support
- Non-pharmacologic care
- Longer PCP visits
- Medication management
  - Formulation
  - Rate, schedule
- Medication rotation
  - Buprenorphine
  - Naltrexone
- Clinician/stakeholder education
- Technology
- Family engagement
- Policy change

# What are strategies for safe, effective opioid tapering?

- Other issues:
  - Multiple large studies relevant to opioid tapering are ongoing
  - Limited VA system capacity to host (and fund) large pragmatic trials
  - Unique interventions for special populations such as rural Veterans
  - Important to assess patient, system and other contextual factors
  - Important to assess cost-effectiveness

# Is there any role for opioids for chronic pain?

- Among Veterans age 65 or older, what are the benefits & harms of low-dose, intermittent opioid medications compared to non-opioid medications?
  - Including buprenorphine for chronic pain
- What are the characteristics of patients for whom the benefits of low-dose, intermittent opioids medications outweigh risks?

# Other research needs

- A taxonomy of tapering
- Complex persistent opioid dependence
- Importance of patient & provider perspectives



# A taxonomy of tapering

- ‘Tapering’ not monolithic
  - Any dose reduction
  - Percent dose reduction
  - Pre-specified thresholds (90mg MED, 50mg MED)
  - Change in medication or formulation
  - Elimination of benzodiazepine co-prescribing
- What is a successful taper?

# Patient & provider perspectives

- Patients:
  - What is your understanding of current VA policy? What are barriers to patient-centered opioid tapering?
- Providers:
  - What is your understanding of current VA policy? What are barriers to patient-centered opioid tapering?
- Challenges:
  - Rapidly changing policy environment

# Defining complex persistent opioid dependence

- Limitations of DSM-5 criteria in context of long-term opioid therapy
- Opportunity for Delphi process to determine criteria for evaluation in future studies

# Other considerations: Feasibility

- VA system capacity is limited for multi-site pragmatic trials
- Opportunity for HSR&D to support rapid evaluation of clinical innovations

# Other considerations: Data quality & opportunities

- VHA data offers unique opportunity to assess long-term outcomes
- But, patient-reported outcomes important and will require investment in data collection infrastructure
- Novel data collection strategies include:
  - Friend- & family-reported outcomes
  - Technology-based data

# SOTA Goal #2: Dissemination strategies

- Propose research agenda in JGIM Supplement
- Support development of HSR&D funding opportunity

# SOTA Goal #3: Emerging Issues

- National data collaboration
  - National PDMP for research
  - Consider non-VA stakeholders
- MISSION Act & Community Care
- Application to de-prescribing of other medications/substances
  - Cannabis
  - Stimulants
  - Benzodiazepines
- Importance of culture change in pain management

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